

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

634

State File No.

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 5302 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMY</u> b. (Middle) <u>ELLA</u> c. (Last) <u>ENLOE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17-51</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>MAR. 2-81</u>		9. AGE (In years) <u>69</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 18 Hrs. _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Russellville Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>Ben Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Glover</u>		14. NAME OF HUSBAND OR WIFE <u>J.D.F. ENLOE Russellville</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>James Enloe Russellville Mo</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incompetency, Incurred</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>4 1/2 yrs</u> <u>4 1/2 X</u> <u>3 yrs</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Feb 29, 1948, to Jan 17, 1951, that I last saw the deceased alive on Jan 17, 1951, and that death occurred at 11:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carleton Hershfield D.O.</u>		23b. ADDRESS <u>Centerton, Missouri</u>		23c. DATE SIGNED <u>1/18/51</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cem Russellville Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
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DATE REC'D BY LOCAL REG. <u>January 20-51</u>		REGISTRAR'S SIGNATURE <u>Mr. J.D. Glover</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffens</u>		ADDRESS <u>Russellville Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filled 1-23-51

JAN 23 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2307

P. O. Address Russellville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.